

# **EXHIBIT T**

# Estate of Harold Hanson

# VCF Documentation



September 11th  
Victim Compensation Fund

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May 12, 2020

BARBARA HANSON  
C/O WENDELL TONG  
SULLIVAN PAPAIN BLOCK MCGRATH & CANNAVO, PC  
120 BROADWAY 18TH FLOOR  
NEW YORK NY 10271

Dear BARBARA HANSON:

The September 11th Victim Compensation Fund ("VCF") has reviewed your claim for eligibility. You submitted a claim form on behalf of HAROLD HANSON. Your claim number is VCF0104965.

#### **The Decision on your Claim**

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- ASBESTOSIS
- ESOPHAGEAL REFLUX
- MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG
- OTHER EMPHYSEMA AND RELATED PHYSICAL CONDITIONS: OTHER CHRONIC PULMONARY HEART DISEASES
- UNSPECIFIED SINUSITIS AND RELATED PHYSICAL CONDITIONS: OBSTRUCTIVE SLEEP APNEA

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

#### **What Happens Next**

**If the decedent was certified for treatment by the WTC Health Program for a condition not listed above**, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.



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**If you believe the decedent had eligible injuries not treated by the WTC Health Program** and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

**If the decedent did not have injuries other than those listed above,** you should submit the compensation section of your claim form and the required supporting materials if you have not already done so. If you have already submitted this information, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0104965**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: BARBARA HANSON



September 11th  
Victim Compensation Fund

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September 29, 2020

BARBARA HANSON  
1001 GARDEN VIEW DRIVE NE #811  
ATLANTA GA 30319

**Re: CLAIM NUMBER: VCF0104965**

Dear BARBARA HANSON:

The September 11th Victim Compensation Fund (“VCF”) has reviewed your claim for compensation. Your claim form was determined to be substantially complete on September 22, 2020. This means your claim was deemed “filed” for purposes of section 405(b)(3) of the Statute on that date.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as **\$427,576.00**. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act (“VCF Permanent Authorization Act”). The enclosed “Award Detail” includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

Your award does not include reimbursements for replacement services since there was no survivor spouse nor minor dependents or dependent adults in the household at the time of your father’s death.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

**What Happens Next**

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.



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- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal.**

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under “Frequently Asked Questions” and in the Policies and Procedures available under “Forms and Resources.”

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the “Collateral Offset Update Form” found under “Forms and Resources” on the [www.vcf.gov](http://www.vcf.gov) website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0104965**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.



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Victim Compensation Fund

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Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: WENDELL TONG



September 11th  
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## Award Detail

Claim Number: VCF0104965  
Decedent Name: HAROLD HANSON

<b>PERSONAL INJURY CLAIM (Losses up to Date of Death)</b>	
<b>Lost Earnings and Benefits</b>	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	\$0.00
<b>Total Lost Earnings and Benefits</b>	<b>\$0.00</b>
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	\$0.00
Other Offsets related to Earnings	\$0.00
<b>Total Offsets Applicable to Lost Earnings</b>	<b>\$0.00</b>
<b>Total Lost Earnings and Benefits Awarded</b>	<b>\$0.00</b>
<b>Other Economic Losses</b>	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
<b>Total Other Economic Losses</b>	<b>\$0.00</b>
<b>Total Economic Loss</b>	<b>\$0.00</b>
<b>Total Non-Economic Loss</b>	<b>\$300,000.00</b>
<b>Subtotal Award for Personal Injury Claim</b>	<b>\$300,000.00</b>



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<b>DECEASED CLAIM (Losses from Date of Death)</b>	
<b>Loss of Earnings including Benefits and Pension</b>	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Loss of Earnings and Benefits</b>	
<b>Total Lost Earnings and Benefits Awarded</b>	<b>\$0.00</b>
<b>Other Economic Losses</b>	
Replacement Services	\$0.00
Burial Costs	\$3,512.00
<b>Total Other Economic Losses</b>	<b>\$253,512.00</b>
<b>Total Economic Loss</b>	<b>\$253,512.00</b>
<b>Non-Economic Loss</b>	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Spouse/Dependent(s)	\$0.00
<b>Total Non-Economic Loss</b>	<b>\$250,000.00</b>
<b>Additional Offsets</b>	
Social Security Death Benefits	\$0.00
Life Insurance	(\$68,436.00)
Other Offsets	(\$7,500.00)
<b>Total Additional Offsets</b>	<b>(\$75,936.00)</b>
<b>Subtotal Award for Deceased Claim</b>	<b>\$427,576.00</b>



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<b>Subtotal of Personal Injury and Deceased Claims</b>	\$727,576.00
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
Award Paid on Prior Personal Injury Claim	(\$300,000.00)
<b>TOTAL AWARD</b>	<b>\$427,576.00</b>

#### **Factors Underlying Economic Loss Calculation**

Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

<b>Eligible Conditions Considered in Award</b>
Asbestosis
Esophageal Reflux
Malignant Neoplasm Uns Part Uns Bronchus/lung
Other Emphysema and Related Physical Conditions: Other Chronic Pulmonary Heart Diseases
Unspecified Sinusitis and Related Physical Conditions: Obstructive Sleep Apnea

# Family Member Affidavits

Barbara Hanson

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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In Re:

TERRORIST ATTACKS ON  
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X  
RAYMOND ALEXANDER, et al.,

**AFFIDAVIT OF  
BARBARA HANSON**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF NORTH CAROLINA )  
: SS

COUNTY OF NEW HANOVER )

BARBARA HANSON, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 412 Capeside Drive, Wilmington, North Carolina 28412.

2. I am currently 60 years old, having been born on June 5, 1963.

3. I am the daughter of Decedent, Harold Hanson, upon whose death my claims are based. I submit this Affidavit in support of the present motion for a default money judgment for the claim made on behalf of my father's estate and for my solatium claim. On July 1, 2019, I was issued Letters Testamentary as Executrix of my father's estate by the Nassau County Surrogate's Court.

4. My father passed away from lung cancer, on March 26, 2019, at the age of 83. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. There are no simple words to describe the relationship my father and I had. There are three core people in my life, and he is the center and first figure. Now he is gone, but never ever forgotten. He was a dad, a firefighter, and a person who loved to share his learned wisdom and a helping hand to those who needed it. When I think of him, so many good memories invade my mind. I can't help but remember his laughter, his jokes, our jobs (his jobs, but I followed, learned, and helped) around the house. My dad has had a lasting impact on my life every day. There is no one better for me as a role model. I remember his quirky sense of humor (that was intended to just make him laugh) and his sense of responsibility. I remember how he loved and respected my mom and shared himself with all those who came in contact with him. To say that I miss him is an understatement.

6. At the time of September 11, 2001, my dad was a retired NYC firefighter. He and his close-knit family of retired firefighters from his firehouse (Ladder Company 111) went to Ground Zero to find survivors. They were no longer young men, but they dug through debris to be of service to their fellow firefighters and the city that they loved. I believe that those days stayed with him for the rest of his life. He never shared with me more than I am stating in this affidavit, but that is only because he could not put into words all that he saw in those days. It made him tear up when he discussed it.

7. My father's illness ate at his lungs. He went from being casually on oxygen to being on it 24/7. He went from being able to walk on his own to being in a wheelchair. I remember that when he went to the bathroom, he would have to call me in to help wash his hands because he had expended all his energy and couldn't breathe. I began to cry because it broke a part of me to see him that way.

8. His life just like his illness and death has had many effects on my life. He did not regret the days that he spent at Ground Zero, but I wish that he had left us in a more peaceful way.

Barbara Hanson  
BARBARA HANSON

Sworn before me this

8th day of August, 2023  
Emily P. Whitfield  
Notary public  
My commission expires  
04/31/2024.



Deborah Hanson

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

----- X

In Re:

TERRORIST ATTACKS ON  
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X  
RAYMOND ALEXANDER, et al.,

**AFFIDAVIT OF  
DEBORAH HANSON**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant

----- X

STATE OF NEW YORK )  
: SS  
COUNTY OF NASSAU )

DEBORAH HANSON, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 2548 Eighth Street, East Meadow, NY 11554.
2. I am currently 64 years old, having been born on May 26, 1959.
3. I am the daughter of Decedent, Harold Hanson, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.
4. My father passed away from lung cancer on March 26, 2019, at the age of 83. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

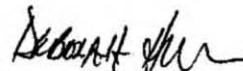
5. I am the proud daughter of NYC Fire Lieutenant Harold L. Hanson. My father was an exceptionally good man and father. He lived his life with excellence and honor. In short, my father was kind, hard-working, helpful, he always did the right thing, and he always treated others well. We (his children) were shown by example how to work hard, and to be proud of being good people. As I write this, I am reminded that just about everything about him was about personal integrity.

6. On September 11, 2001, my father watched the news over and over. He cried for the loss of life and for the horror that was visited upon our country. At the time, my father was retired from the FDNY and he and the other retirees from his firehouse made plans to go assist the recovery efforts at Ground Zero. They went to the towers the very next day to do anything and everything they could to help, and they stayed for a number of weeks.

7. Our mother had developed dementia before September 11, 2001, and our father was doing the lion's share to help her. At some point our father informed us that it was too much for him and our sister moved into their home to help. Soon after, she informed us that our dad had small cell lung cancer and that he was much sicker than he had told us. (Our father had been secretive to protect us.) Near the end, our father had gone from being a strong and happy person who could climb any mountain and solve any problem - to a man who couldn't walk 3 feet to the next counter without choking and hacking to draw a breath. (He also slept sitting up on the couch for the last few years because he couldn't get a breath while laying down.) It was horrible and heart-breaking. My father waited for our mother to die, and then he passed two weeks later.

8. My sister was the primary caretaker for our parents. She was on duty 5 to 6 days a week, performing every possible function necessary to care for both parents. I worked 8 hours one week and 30 hours the next at my parents' house to give my sister a break, while also working a

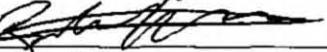
very busy full-time office job. My brother worked at my parents' house as well - taking care of them physically and doing household maintenance repairs, while working his very strenuous job. All of this was extraordinarily emotional, unbelievably heart-breaking, and each of us (including our parents) were mentally and physically exhausted! I get very sad when I think about how my father's life ended and the devastation that the attacks on September 11 had on my father's life. I also feel ashamed when I remember that a part of me was somewhat relieved when my father died. I have to remind myself that I only had these thoughts because my father's life had become so absolutely and terribly hard. I try to block out as much of that time as possible.



DEBORAH HANSON

Sworn before me this

11<sup>th</sup> day of August, 2023

  
\_\_\_\_\_  
Notary public

Brendan G Wells  
Notary Public, State of New York  
Qualified in Nassau County  
Commission No. 01WE6361477  
My Commission Expires July 10, 2025